

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 506423

1. Entity Name

DOUG MILNE COMPANY, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90054 050 ***150.00

Principal Place of Business	Mailing Address
4595 LEXINGTON AVE SUITE 400 JACKSONVILLE FL 32210	4595 LEXINGTON AVE SUITE 400 JACKSONVILLE FL 32210-2058



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	59-1691862	Applied For
Zip	Country	Zip	Country	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MILNE, DOUGLAS J
4595 LEXINGTON AVE.
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	MILNE, DOUGLAS J
STREET ADDRESS	4595 LEXINGTON AV
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	ST <input type="checkbox"/> Delete
NAME	WELLS, MARIE
STREET ADDRESS	4595 LEXINGTON AV
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VD <input type="checkbox"/> Delete
NAME	MILNE, JACK F
STREET ADDRESS	4595 LEXINGTON AV
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	V <input type="checkbox"/> Delete
NAME	EVANS, WM H
STREET ADDRESS	4595 LEXINGTON AV
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marie Wells - Marie Wells* **4/27/00** **904-387-6770**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)